## PART B - FEE(S) TRANSMITTAL

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WASHINGTON DC SUGHRUE/80928

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N WASHINGTON, DC 20037

Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| APPLICATION N   | O. FILING              | G DATE             | FIRST NAMED IN          | ST NAMED INVENTOR   |                             | DOCKET NO.             | CONFIRMATION NO.               |  |  |  |
|---|------------------------|--------------------|-------------------------|---|-----------------------------|------------------------|--------------------------------|--|--|--|
| 09/985,820 11/06  |                        | 6/2001             | David VA                | LE  | AS                          | 9025                   | 4546                           |  |  |  |
| `   |                        |                    |                         |   | 12/31/2008                  | SDENBOB4 000000        | 79 194880 09985820             |  |  |  |
| TITLE OF INVENTIO   | N: FILTER ELEMI        | ENT FOR EMBO       | LIC PROTECTION I        | DEVICE  | 01 FC:1501<br>02 FC:1504    | 1510.00 D              |                                |  |  |  |
| APPLN. TYPE   | SMALL<br>ENTITY        | ISSUE FE           | E PUBLICA<br>FEE        | TION P  | REV. PAID ISSUE FEE         | TOTAL FEE(<br>DUE      |                                |  |  |  |
| nonprovisional  | NO                     | \$1510.00          | \$300.0                 | 0   | \$0.00                      | \$1,810.00             | 01/01/2009                     |  |  |  |
|   | EXAMINER               |                    | ART UN                  | IIT   | CLASS-SUBCLASS              |                        |                                |  |  |  |
| Melanie Ruano Tyson 3731  |                        |                    |                         |   |                             |                        |                                |  |  |  |
| 1. Change of correspon  | dence address or indi  | ication of "Fee Ad | ldress" (37 CFR 1.363   | 2. For pr   | inting on the patent front  | page list 1            | Sughrue Mion, PLLC             |  |  |  |
| ☐ Change of correspor<br>PTO/SB/122) attached                   |                        | hange of Correspo  | ondence Address form    | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,   |                             |                        |                                |  |  |  |
| "Fee Address" indie 03-02 or more recent)                       | •                      |                    | -                       | member a registered attorney or agent) and the 3 names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be                  |                             |                        |                                |  |  |  |
| 3. ASSIGNEE NAME  | AND RESIDENCE          | DATA TO BE PI      | RINTED ON THE PA        | printed. TENT (prin   | it or type)                 |                        |                                |  |  |  |
|   | ss an assignee is ide  | ntified below, no  | assignee data will app  | pear on the   | patent. If an assignee is i | dentified below, the   | document has been filed for    |  |  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) |                        |                    |                         |   |                             |                        |                                |  |  |  |
| SALVIAC LIMITED   | Dublin,                | Ireland            |                         |   |                             |                        |                                |  |  |  |
| Please check the appro-   | priate assignee categ  | ory or categories  | (will not be printed on | the patent):  | : 🗆 Individual 🗹 Corpora    | ation or other private | e group entity  Government     |  |  |  |
| 4a. The following fee(s   | are submitted:         |                    | 4b. Paym                | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   |                             |                        |                                |  |  |  |
| ☑ Issue Fee   |                        |                    | ☐ A chea                | ☐ A check is enclosed.  |                             |                        |                                |  |  |  |
| ☑ Publication Fee (No   | small entity discour   | t permitted)       | ☐ Payme                 | ☐ Payment by credit card. Form 1310-2038 is attached.   |                             |                        |                                |  |  |  |
| ☐ Advance Order - # o   | of Copies              |                    |                         | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.                |                             |                        |                                |  |  |  |
|   |                        |                    |                         | ☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. |                             |                        |                                |  |  |  |
| 5. Change in Entity Sta   | itus (from status indi | cated above)       |                         |   |                             |                        |                                |  |  |  |
| ☐ a. Applicant claims   | SMALL ENTITY st        | atus. See 37 CFR   | 1.27. □ b. App          | licant is no  | longer claiming SMALL       | ENTITY status. Se      | e 37 CFR 1.27(g)(2).           |  |  |  |
| The Director of the US  | PTO is requested to a  | apply the Issue Fe | e and Publication Fee   | (if any) or to  | re-apply any previously     | paid issue fee to the  | application identified above.  |  |  |  |
| NOTE: The Issue Fee a party in interest as show                 |                        |                    |                         |   | r than the applicant; a reg | gistered attorney or a | gent; or the assignee or other |  |  |  |
| Authorized Signature & Callalia                                 |                        |                    | ele_                    | Date  |                             | December 30, 2008      |                                |  |  |  |
| Typed or Printed Name John T. Callahan                          |                        |                    |                         | Registration No.  |                             |                        | 32,607                         |  |  |  |

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| APPLICATION NO.  |                                   | FILING DATE FIRE         |                             | ST NAMED INVENTOR              |                                   |   | ATTORNEY DOCKET NO.  |                       | CONFIRMATION NO.   |                        |                                       |  |  |
|--|-----------------------------------|--------------------------|-----------------------------|--------------------------------|-----------------------------------|---|----------------------|-----------------------|--------------------|------------------------|---------------------------------------|--|--|
| 09/985,820   | 09/985,820 11/06/2001             |                          | David VALE                  |                                |                                   |   | A90                  | 25                    | 4546               |                        |                                       |  |  |
| *TITLE OF INVENTION: FILTER ELEMENT FOR EMBOLIC PROTECTION DEVICE  |                                   |                          |                             |                                |                                   |   |                      |                       |                    |                        |                                       |  |  |
| APPLN. TYPE  |                                   | ALL<br>FITY              | ISSUE FEE                   |                                | PUBLICATI<br>FEE                  | ION PR  | PREV. PAID ISSUE FEE |                       | TOTAL FEE<br>DUE   | (S) DATE D             | JE                                    |  |  |
| nonprovisional   | N                                 | IO .                     | \$15                        | 10.00                          | \$300.00                          |   | \$0.00               |                       | \$1,810.00         | 01/01/20               | 09                                    |  |  |
| EXAMINER   |                                   |                          |                             |                                | ART UNI                           | ART UNIT CLA  |                      | S-SUBCLASS            |                    |                        |                                       |  |  |
| Melanie Ruano Tyson  |                                   |                          |                             |                                | 3731                              |   |                      |                       |                    |                        |                                       |  |  |
| 1. Change of correspon   | dence add                         | lress or indi            | cation of "F                | ee Address"                    | (37 CFR 1.363                     | 2. For prin   | nting o              | on the patent front p | age list 1         | Sughrue Mion, PLL      | <del>.c</del>                         |  |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |                                   |                          |                             |                                |                                   | orm (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2   |                      |                       |                    |                        |                                       |  |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Re 03-02 or more recent) ATTACHED. Use of a Customer Number is required.   |                                   |                          |                             |                                |                                   | member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be                    |                      |                       |                    |                        |                                       |  |  |
| 2 ASSIGNEE NAME  | AND RE                            | SIDENCE                  | DATA TO                     | BE PRINTE                      | D ON THE PAT                      | printed.<br>ENT (print  | or tyr               | ne)                   |                    |                        |                                       |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |                                   |                          |                             |                                |                                   |   |                      |                       |                    |                        |                                       |  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |                                   |                          |                             |                                |                                   |   |                      |                       |                    |                        |                                       |  |  |
| SALVIAC LIMITED  |                                   | Dublin,                  | Ireland                     |                                |                                   |   |                      |                       |                    |                        |                                       |  |  |
| Please check the annm  | onriate assi                      | ignee categ              | orv or categ                | ories (will no                 | ot be printed on t                | the patent): [  | □ Ind                | lividual ☑ Corporat   | ion or other priva | te group entity 🗆 Gov  | ernment                               |  |  |
| Please check the appropriate assignee category or categories (will not be  4a. The following fee(s) are submitted:   |                                   |                          |                             |                                |                                   | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   |                      |                       |                    |                        |                                       |  |  |
| ☑ Issue Fee  |                                   |                          |                             |                                |                                   | ☐ A check is enclosed.  |                      |                       |                    |                        |                                       |  |  |
| ☑ Publication Fee (No small entity discount permitted)   |                                   |                          |                             |                                | ☐ Paymen                          | ☐ Payment by credit card. Form 1310-2038 is attached.   |                      |                       |                    |                        |                                       |  |  |
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| ☑ Th   |                                   |                          |                             |                                |                                   | ☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. |                      |                       |                    |                        |                                       |  |  |
| 5. Change in Entity St   | atus (from                        | status indi              | cated above                 | :)                             |                                   |   |                      |                       |                    |                        | · · · · · · · · · · · · · · · · · · · |  |  |
| a. Applicant claims  | SMALL                             | ENTITY st                | atus. See 37                | CFR 1.27.                      |                                   |   |                      |                       |                    | ee 37 CFR 1.27(g)(2).  |                                       |  |  |
| The Director of the US   |                                   |                          |                             |                                |                                   |   |                      |                       |                    |                        |                                       |  |  |
| NOTE: The Issue Fee<br>party in interest as sho  | and Publi                         | cation Fee<br>records of | (if required)<br>the United | will not be a<br>States Patent | accepted from ar<br>and Trademark | nyone other to<br>Office.   | than t               | he applicant; a regi  | stered attorney or | agent; or the assignee | or other                              |  |  |
| Authorized Signature   | Authorized Signature Shu Callalia |                          |                             |                                |                                   | Date  |                      |                       | Decembe            | December 30, 2008      |                                       |  |  |
| Typed or Printed Nam   | ie                                |                          | John T. Call                | lahan                          |                                   | Registrati  | ion No               | 0.                    | 32,607             |                        |                                       |  |  |

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